

Fall 2004

Issue Three



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The Smile of A Nurse

by Janet Rattay, VAPHS Volunteer

*It's wonderful what a nurse can do.
A nurse can cheer you when you're feeling blue.
Medicine can help take away the pain,
But the smile of a nurse is right as rain.*

*How reassured they make you feel
Sometimes agreeing when you don't like the meal,
Encouraging you when the going gets rough,
Telling you it won't always be this tough.*

*Long hours, long shifts, and holidays too,
Patients are many, nurses are few.
Sensitivity persists as they make their rounds,
Helping another their love abounds.*

*Where would we be without the smile of a nurse?
Patients no doubt would be at their worst.
Think about all that goes on in their day...
Give them a "Thank You" when they pass your way!*

WELCOME...

to the third issue of *Nurses' Lounge, A Meeting Place for News & Views*, the quarterly nursing newsletter! We would like you to see the Magnet Task Force you have heard so much about. (Unfortunately, there are some members who are missing from the photo.)

Back Row, L to R: Charlotte Foster, Jan Jones, Joan Garloff, Susanne Robb, Mary Lou Niebauer, Gerhard Ichesko, Cecilia Pruszynski, Jennifer Mentz, Marcia Park, Kathleen White,

Tammy Czarnecki, Steve Kedzuf, Ginny Rudy, Neal Eckrich *Front Row, L to R: April McKinley, Bonnie Greco, Jacqueline Blake, Alan Bernstein, Barb Naylor, Kelly Starver, Keith Zanotti*





Getting Down to the “Nitty Gritty” A Close-up Look at Selected Forces of Magnetism

By Ira Richmond,
Associate Director for Patient Care Services

It's break time again! Go to the break room, kick those sneakers off and put your feet up, take a few long breaths and read not Redbook or Sports Illustrated, but instead the “**Nurses' Lounge.**”

You're probably aware and have heard the talk about our visit in September from Dr. Timothy Porter O'Grady, RN, Nurse-Consultant. It was an exciting, information-packed, mentally exhausting day. Dr. O'Grady gave us relevant information on the Magnet process as well as provided us with an overview of a Shared Governance framework. In addition to members of the VAPHS Magnet Steering Committee, he held sessions with the Nursing Leadership Team, the Executive Leadership Team (including the Director, Associate Director, Chief of Staff, Site Managers and Service Line VPs). In each session he emphasized that “**nursing is the center of the universe**” in medical centers. While I recognize this fact intuitively, I hadn't really given it a lot of thought until I heard Dr. O'Grady's comments. Let's face it, we coordinate, integrate, facilitate and collaborate with all health care disciplines to pull together a comprehensive interdisciplinary action plan to care for sometimes up to 60 patients. In most cases it just doesn't happen efficiently or effectively unless we are in the middle of it. So, with that I thought I would provide a more detailed look at some specific “**forces of magnetism**” that support the notion that we are the “**center of the universe.**”

Frequently phrases like “**good RN-MD communication and relationships, nurse autonomy and accountability, and control over nursing practice**” look good on paper, so we say we are all for them and want them present in the work place. But do we really know what they mean? Just like most of you, I had some idea of what they meant, but really didn't have an in-depth understanding of how they are actually applied and what it means when we “walk-the-talk.” So hopefully, the following interpretation of these forces provides a clearer understanding of how they are applied to your work everyday.

1. Good RN-MD Communication and Relationships: Perception and use of **power** is the operating principle in this force of magnetism. “Power is the ability to mobilize resources to get things done” (Kanter, 1993). How you use this power depends a great deal on your relationship with the physician. Preferably, RN-MD relationships/communication are **collegial** (equal power/positive outcomes). **Collegial** RN-MD relationships are believed to be the most beneficial for the patient. The second most effective RN-MD relationship is **collaborative** (mutual with both having power). Hostile, **adversarial** relationships are those where the physician only has power and the least effective generally associated with negative outcomes.

So how does this relate to you? As a staff nurse, **you** function as the gatekeeper to patients and are responsible for ongoing monitoring and evaluation. **You** control the physician's access to patient status information, both by the assessments and observations you make and by your choice of what information you transmit to the physician. Thus, **you** decide how and what information to communicate to physicians. This includes information about the urgency of the patient's condition, signs of “need to rescue,” persistence or deterioration of signs and symptoms beyond which you consider to be acceptable limits, and whether orders provided by the physician are “right”/sufficient for the patient and his/her current problem.

2. Nurse Autonomy and Accountability: Nurses who believe they practice autonomously believe that they have the necessary knowledge, the



organizational sanction, and Nurse Manager/supervisor support to do so. Organizational sanction and Nurse Manager support are communicated through trust, empowerment, not having to do something against one's better judgment, and being held accountable in a positive, constructive manner.

Why is nurse autonomy critical to successful practice and effective patient outcomes? Because if a patient needs something now (an emergent situation); what was ordered was not in the best interest of the patient; you judge that you don't have sufficient or the correct orders you need for a patient and his/her current problem; or there is a need to rescue, who's going to do the calling? The "Nurse-busters." (I hope everyone remembers the "Ghostbusters.")

Exercising autonomy means having the freedom to make independent decisions that may exceed nursing practice and are in the best interest of the patient. Freedom means being able to work in an environment without fear, not being unduly constrained by rules and orders, and not having to get consent or permission first. For example: you contact a medical or surgical resident regarding your concern that a patient's condition is deteriorating. You request orders and that the resident come to the unit to assess the patient. However, there is no response when paged, the resident fails to comply with your request in a timely manner, or he/she informs you that they are not supposed to cover this type of patient (does any of this sound familiar to you or better yet, are you "*feeling me?*"). You just don't document in the medical record that the MD was contacted, but failed to respond. You contact the **Attending**, and if there is no response, you contact the **Chief of the Service**, and if there is no response you contact the **Chief of Staff**, and if there is no response you contact **me**, and if there is no response, you contact the **Medical Center Director**. Specific outcomes of autonomous practice are being **held accountable for the quality of patient care; lowered cost and length of stay; increased patient satisfaction; and a feeling of pride, competence, satisfaction – of really making a contribution and a difference in a patient's care, of being appreciated for the use of your intelligence and expertise.**

3. Control Over Nursing Practice (CNP): This means that staff nurses, not administrators and others outside of nursing, control nursing practice and contribute to the development of policies and issues. Does CNP mean that we can make outrageous requests for FTEE or other resources/privileges that the medical center can't afford or allocate within existing resources? **No, it does not!** CNP means being able to make decisions about nursing practice working within the scope of medical center resources as well as regulatory/oversight agencies. Control equals input plus decision-making (**C = I + D**). CNP occurs at the unit level, the service line level and the hospital level and include both clinical practice issues and personnel issues affecting nurses. Frequently some type of organizational framework such as "Shared Governance" (you'll be hearing more about this later) is needed to facilitate CNP.

How do we know when CNP has been achieved? When there are clear-cut outcomes "owned" by staff and there is recognition of nursing's CNP by other professionals and administrators. "Where's the meat?" Or "Show me the money!" Well, check this out! **Clinical practice policies and issues developed by staff are not only efficient and accurate, they also result in the patient receiving better care (because you are more likely to be compliant with policies and procedures that you develop), more cost-effective care, and nurses feeling more professional, valued as employees and more satisfied with their job and work.**

Boy, when I get started, it's hard for me to stop or "shut up". But, I know it's time for you to get back to work. I enjoyed sharing this time with you. Let me know what you think about these Forces of Magnetism at VAPHS and what we all can do to enhance them. I look forward to hearing from you. Send me an e-mail or stop by the office for a chat.



References:

- Kanter, RM. Men and Women of the Corporation, 2nd Ed. New York: Basic Books; 1993.
Kramer, M and Schmalenberg, C. Development and Evaluation of Essentials of Magnetism Tool. JONA. 2004; 34(7/8): 367-368.



Consulting a

by Shelley Long, VAPHS Public Affairs Assistant

"Nurses are the center of the earth."

"Nurses are the core of the hospital."

" 'MAGNET' is a synonym for excellence."

On September 2, 2004, the VA Pittsburgh Healthcare System was honored to host a guest speaker, Dr. Tim Porter-O'Grady, who offered insight and advice for the VAPHS Magnet Journey. Dr. Porter-O'Grady spent the day at the VAPHS speaking first to the Nursing Leadership, then to the Magnet committee (whom he called "The Design Group"), as well as to the Executive Leadership.

Dr. Tim Porter-O'Grady has been involved in health care for 33 years, serving in many positions from clinical provider to both hospital and health service executive; however, he refers to himself only as a **nurse**. He is an international expert in health systems futures, governance leadership and conflict issues. Dr. Porter-O'Grady serves on seven health care journal editorial boards and is a member of the New York Academy of Sciences and is a Fellow in the American Academy of Nursing.

Dr. Porter-O'Grady holds degrees in nursing, clinical administration, learning behavior and health systems. He has written over 145 journal articles and book chapters and has published thirteen books. He has consulted with hospitals and health care agencies internationally.

Dr. Porter-O'Grady has focused his professional work on health systems innovation and creativity as applied to the design and delivery of health services. He is considered an expert on health futures and innovative health service models. Dr. Porter-O'Grady has a strong commitment to building healthy communities and facilitating the partnerships necessary to sustain them. Dr. Porter-O'Grady has served as a Magnet site appraiser as well as an advisor to many hospitals making the quest for Magnet status. Every hospital his company has advised has earned Magnet recognition.



One of the first things that Dr. Porter-O'Grady explained was that Magnet is **not** interested in management – the certification and assessment is viewed from the perspective of the nursing profession. The Magnet surveyors are interested in not just how VA nurses impact the patient community here but

also how they impact the community. When the Magnet appraisers visit the VAPHS, they will talk to the frontline nursing staff directly, both individually and collectively. The surveyors will give nurses a scenario for their individual role and ask, "In this set of circumstances, what would you do?" The nurse must reply as to how they will **ASSESS** the situation, what they will **DO**, and how they will **COMMUNICATE** what they did. The appraisers will often request to view a medical record in order to create a real sce-



Contributions, Suggestions and Announcements are welcomed and appreciated. What do you want to see in this newsletter? Please submit personal and inspirational ideas or requests for articles. Are you moving? Do you have any new additions in your family? Would you like to share the good deed of a colleague?

Please send idea & contact information to Kelly Starver at 118N-H or Kathleen Blumer at 003B-H.



Magnet Expert

nario. Dr. Porter-O'Grady pointed out that most excellence falls down at the point of service.

Dr. Porter-O'Grady also explained that **after** achieving Magnet status is when the work really begins. In order to maintain Magnet status, you must continuously raise the bar of excellence and make excellence become a way of life. While working to achieve Magnet recognition, it is imperative to make sure an infrastructure exists to sustain it.

Magnet hospitals embrace a model of Shared Governance, or Shared Leadership, according to Dr. Porter-O'Grady. Shared Leadership is designed to ensure a team approach to the improvement of care and is based on a foundation of decentralized decision-making. (The *Nurses' Lounge* will share more about Shared Governance with you in the future.) Dr. Porter-O'Grady proclaimed that Shared Leadership calls for ownership, participation, and commitment from the level of the staff nurse. This "partnership" puts decisions in the hands of those who practice it.

One nursing leader present pointed out that it is a challenge to get nurses to leave patient bedsides to come to a meeting or educative lecture. However, Dr. Porter-O'Grady declared that *"You can't be committed to patients without being committed to the profession."*

When meeting with "The Design Group," a Magnet committee member noted that it would be an educational, interesting experience for the frontline staff to also meet with Dr. Porter-O'Grady. It was decided that he will be invited back to teach VA staff more.

Dr. Porter-O'Grady also noted from personal experience, that nurses are provided with a wide variety

of opportunities; if a nurse gets burnt out, they should take one of the open doors – because there are no closed doors in nursing.

Dr. Porter-O'Grady relayed how overwhelming the Magnet Journey can become due to all the hard work that is involved. He encouraged all present to take one step at a time. But as Ira Richmond, Associate Director of Patient Care Services, inspired the Magnet Design Team, "If we really want to create an environment of excellence, let's forge ahead."

Dr. Porter-O'Grady returned on November 19 to guide the VAPHS in restructuring some of the council structures and Organizational Design for Nursing Practice.



"If we really want to create an environment of excellence, let's forge ahead."

~ Ira Richmond,
Associate Director Patient Care Services



The Nurses' Lounge is excited to congratulate
Cathy Starr-Wildow, RN
of the University Drive Step-Down Unit
on the birth of her daughter,

Ava Lee

on September 1, 2004!

She is 19.5 inches, 5 lbs. and 14 oz.
Mother & Baby are both doing well!!!



Magnet Kickoff

The Journey has officially begun!

Nurses and all VAPHS employees were invited to have fun while learning about the Magnet Journey!



Doug Wagner

Members of the Falk School Jazz Band entertained University Drive Kick-Off participants. They wanted to perform at all three divisions but the school does not allow them to travel.



Doug Wagner

A fun-and-learn program was held to kick off the Journey to Magnet certification! Lounge snacks, such as nachos and pretzels, were served while music played in the background. Attendees were given the opportunity to win prizes. Before handing out mocktails, servers quizzed attendees on key Magnet facts. Employees were able to earn an education credit by attending.

Jennifer Mentz, CRNP in the Geriatric Evaluation and Management (GEM) Clinic, explained that the kick-off was hosted in order to let people know what Magnet is about, to provide info in a fun way, and to do something special for employees.

Ms. Mentz was the chairperson for the events. She thought they were successful because the nurses seemed please and she received a lot of positive feedback. Kick-offs were held for both daytime and nighttime tours.

Dorothy Stanfield, an RN for the Rainbow Team, was one of the Magnet Ambassadors who spoke to people about Magnet. She believes the Magnet Committee has been successful to this point but still has a lot of work to do. She said some people she spoke to knew a lot about Magnet, and some didn't. She added that a lot of people thought Magnet was about improving patient care - they didn't realize that it is also about satisfaction for nurses.



Glenn Hangard



Doug Wagner



Doug Wagner

Being Prepared for the JCAHO Survey

by Shelley Long, VAPHS Public Affairs Assistant

According to their Web site, the Joint Commission on Accreditation of Healthcare Organizations is the nation's oldest and largest health care accrediting body. Health care organizations voluntarily pursue accreditation. In order to receive accreditation, an organization undergoes an on-site evaluation, known as a survey. Accreditation is awarded for three years for health care organizations. Standards address quality and safety of care.

Infection control, emergency management, patient rights, human resources and performance improvement are examples of the performance areas representing the 500-plus hospital accreditation standards. If problems are found during the survey, the organization is given 45 days to correct them and notify JCAHO what has been done to fix these problems. Organizations could be put on provisional status or lose accreditation.

The VA's employee orientation toolkit states that because of the emphasis on safety to patients and employees, JCAHO accreditation is sought by a majority of health care organizations, and is accepted by the government as a test of acceptability for federally sponsored programs (such as Medicare and Medicaid). This is why VAs all over the country place such importance on achieving accreditation.

Anita Steinmiller is the Readiness Specialist for the Quality & Patient Safety Service of the VA Pittsburgh Healthcare System. She is responsible for getting the VAPHS ready for the Joint Commission Survey. The next survey of the VAPHS will likely take place sometime between April and October 2005. Seven to nine surveyors from four programs (long-term care, home care, hospital/ambulatory care, and behavioral health) will be visiting the VAPHS. Each program has its own set of standards and surveyors. The surveyors may visit off-tours, but not on weekends. They will have IDs and will be escorted by a VAPHS staff member.

Until recently, the surveys were conducted every three years and organizations were notified six weeks ahead of time. The VAPHS' last survey was in October 1999. Beginning in 2006, the cycle will change. Surveys will be unannounced and could be anywhere in a two- to four-year period.

Previously, the surveyors were interested in meeting with Leadership. They wanted to discuss policies and procedures, staffing, and performance reviews in a conference room. Now they want to talk to frontline staff as

well as patients. Using a tracer methodology, they will randomly choose a patient to assess their care. They will visit all services that were involved in the care of the patient. For example, if a patient comes into the ECC with abdominal pain and is diagnosed with appendicitis, they will speak with staff in the ECC, X-ray, surgery, recovery, etc. They will visit the patient to talk about the care he received. If the home surveyor discovers complaints

from patients, they will notify the surveyors back at the hospital and have them look into the services connected with the complaints. In a three-day survey, between 9 and 11 of these tracers are usually performed. At the VAPHS, the survey will take four to five days and they will entail even more tracers.

As Ms. Steinmiller explains, the most complicated part of the process is that the surveys and tracers are unpredictable, so staff cannot be given notice to prepare to talk to a surveyor. But, as she says, staff should not be worried about encountering these questions. "If you OWN what you do every day, and you believe no one does it better - if you believe that your floor, your unit is the best in the medical center - it doesn't matter who comes, when they come, or how often they come. You should be proud to welcome them and talk to them." Ms. Steinmiller warns that in order to have a successful survey, all staff have to always be ready and we all have to own what we do everyday. One way to ensure the highest quality care is to care for patients as if you were taking care of family members and everyone does their best job and their fair share.

As part of preparation, Ms. Steinmiller makes environmental rounds to make sure the facilities are safe and supplies are not outdated. She makes sure safe practices are happening and opens doors with alarms to make sure staff respond to the alarm. She goes on visits with home care nurses and talks to families and patients. She began training 25 staff members in October to do tracers similar to the Joint Commission's in order to help staff become more comfortable with the process. She encourages staff that these visits should not feel threatening and should not interrupt their day.

The JCAHO Survey process is very similar to that of the Magnet Site Visit. But as Ms. Steinmiller reiterates, "If you own what you do, you shouldn't worry about it."

**"If you own what
you do, you
shouldn't
worry"**



Get to Know Your Leaders



by Janet Rattay, VAPHS Volunteer

Marcia Park, RN, is the Administrative Nurse for the Medical Specialty Service Line with responsibility for the Rainbow Clinics, which consists of medical specialists and advanced practice nurses who offer consultative services. In addition, she has clinical nursing oversight for the invasive procedures in Cardiac Cath/EP, Gastroenterology, and Bronchoscopy Lab. She supports Dialysis and Outpatient Chemotherapy. Implementation of Telemetry CRNP Service

precepted by Cardiology has expanded the monitored bed capacity and reduced housestaff work hours. A diagnostic lung nodule, colon cancer screening, and Hepatitis C program facilitated by advanced practice nurses with physician collaboration has demonstrated improvement in the coordination and efficiency of patient care. Approximately 59 nurses including 21 advanced practice nurses provide care under Ms. Park's direction. Organizationally, Ms. Park answers to Frederick DeRubertis, MD, Vice-President, Medical Specialty Service Line who promotes excellence in professional nursing practice. She is also accountable to Ira Richmond, Associate Director, Patient Care Services.

Ms. Park has oversight for nursing program direction, resource management, quality management, performance review, employee education, strategic planning, recruitment/retention, and nursing recognition in the Medical Specialty Service Line. She also strives to assure compliance with JCAHO Standards through serving as a Co-Chair, JCAHO Ambulatory Care Readiness Team. Housestaff training/support is an additional component that makes up her work schedule.

For the Fiscal Year 2004, 35,000 patients were seen in the Medical Specialty Clinics. Striving to improve the quality of care including access, efficiency, and having exceptional outcomes are the focal points of Ms. Park. Compliance with the Director's Performance Measures is also a major goal. Cancer care is dear to Ms. Park. For example, she worked with oncology nurses to develop a symptom distress tool which is of major importance so that staff can intervene quickly. The comfort of the patient is at the top of the list.

None of her work would be complete without the dedication of the nursing, medical and ancillary staff. "It is essential for staff to be familiar with the person that guides and inspires them. They need to understand a facilitator, which is truly my role. Values, versatility, and vision serve to move staff in a positive direction," said Ms. Park. With 26 years of providing quality care within VAPHS, Ms. Park's commitment and caring for patient satisfaction is undaunted.

Lyrics by Janet Rattay, VAPHS Volunteer

(to the tune of YMCA)

Nurses, there's no need to be down.
We say **nurses** – let your voice be the sound!
We say **nurses** – the VA's Magnet bound
This is a time to be-e happy!

Nurses, there's so much you can do.
We say **nurses** – it is all up to **YOU**!
We say **nurses** – it takes **ALL**, not a few!
This is a time to be-e happy!
(1...2...3...)

We love to work at the VAPH
The Veterans Pittsburgh Healthcare
VAPH

You can start out today
Magnet is on its way
We will be-e... the best.... they'll say.... a
(1...2...3...)

We love to work at the VAPH
The Veterans Pittsburgh Healthcare
VAPH

Nurses, there's satisfaction for you.
We say **nurses** – veterans will profit, too.
We say **nurses** – don't you think it is due?
It is a time to be-e happy!

Nurses, you will play the big part.
We say **nurses** – your hard work is the start.
We say **nurses** – Magnet is in your heart!
This is a time to be-e happy!
(1...2...3...)

We love to work at the VAPH
The Veterans Pittsburgh Healthcare
VAPH



The VAPHS Magnet Task Force gathered at the Squaw Run Park to brainstorm and plan for the Magnet Journey. They jump-started the morning with this warm up song.

♪ Magnet Music ♪